

HEADQUARTERS
UNITED STATES EUROPEAN COMMAND
UNIT 30400
APO AE 09131

DIRECTIVE
NUMBER 67-4

22 August 2002

HEALTH SERVICE SUPPORT

USEUCOM Joint Blood Program

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1. **Summary.** This directive establishes policy, delineates responsibilities and provides guidance and procedures concerning the United States European Command (USEUCOM) Joint Blood Program.
 2. **Applicability.** The provisions of USEUCOM Directive 67-4 apply in peacetime and during contingency and combatant operations, as indicated, to all commands and organizations in the USEUCOM Area of Responsibility (AOR).
 3. **Internal Control Systems.** This directive is not subject to requirements in AR 11-2, Internal Management Control.
 4. **Suggested Improvements.** Recommended changes or improvements should be forwarded directly to the USEUCOM Joint Blood Program Officer (JBPO), CMR 402, APO AE 09180. Changes to this directive will be coordinated with USAREUR and USEUCOM.
 5. **References.** See Appendix A.
 6. **Explanation of Terms.** See Appendix B.
 7. **Responsibilities.** The Commander in Chief, USEUCOM (USCINCEUR), maintains directive authority for logistics within the AOR, including Class VIIIb (blood). Commander, USAREUR is designated as USCINCEUR's executive agent (EA) for management of the USEUCOM Joint Blood Program.
 - a. USEUCOM:
 - (1) Maintain direct and frequent communication with the appointed Joint Blood Program Officer (JBPO). Ensure the JBPO is sufficiently informed about current operations, deliberate planning, and crisis action planning to guarantee appropriate blood product support.

This Directive supersedes ED 67-4, dated 22 Aug 99.

(2) Recall the JBPO to the ECJ4-MR as required to support current operations, and assume all costs associated with such a recall.

(3) Act as a point of contact, and refer all inquiries from other unified commands regarding blood product support to the JBPO.

b. USAREUR:

(1) Appoint an individual on orders to serve as USEUCOM Joint Blood Program Officer, and provide a copy of the appointment orders to: HQ USEUCOM, ATTN: ECJ4-MR, Unit 30400, APO AE 09131.

(2) Act on behalf of the USCINCEUR in regards to blood program management within the USEUCOM AOR.

(3) Assume funding responsibilities for JBPO travel and per diem allowances in support of the USEUCOM Joint Blood Program, to include: the American Association of Blood Banks (AABB) Annual Meeting, semiannual USEUCOM Blood Coordinating Committee (UBCC) meetings, and any required Staff Assistance Visits (SAVs).

c. All Component Commands:

(1) Establish, staff and maintain a blood procurement program, distribution system and safe transfusion practice to meet routine and emergency blood product (Class VIIIb) requirements of the medical elements within their area of responsibility in accordance with quality assurance requirements cited in references at appendix A.

(2) Appoint, in writing, primary and alternate Component Blood Program Officers (CBPO) and Area Joint Blood Program Officers (AJBPO) IAW Appendix C. Copies of appointment letters must be sent to the USEUCOM JBPO by 15 January each year or upon replacement of incumbent.

(3) At the direction of the USEUCOM Command Surgeon, augment the Joint Blood Program Office and Area Joint Blood Program Offices according to the cited OPLAN or CONPLAN.

(4) Provide travel and per diem allowances for the CBPO, AJBPO and augmentees to perform blood program functions, as required. These requirements include: training exercises; annual applicable regulatory compliance SAVs/audits and/or readiness inspections of Blood Supply Units (BSU), Blood Transshipment Centers (BTC), Transportable Blood Transshipment Centers (TBTC), Blood Product Depots (BPD) Blood Donor Centers (BDC) and Medical Treatment Facility (MTF) Transfusion Services (TS); and attendance at semiannual meetings of the USEUCOM Blood Coordinating Committee (UBCC).

(5) Ensure readiness of blood distribution units, such as BSUs, BPDs, BTCs and TBTCs, through annual exercises and inspections. Provide copy of After-Action Report or Inspection Report to USEUCOM Surgeon and JBPO.

(6) Maximize efficient use of resources through routine redistribution of excess blood and blood products, as available, between component commands and support consolidation efforts developed by USEUCOM blood donor centers.

(7) Provide for the continuing education of transfusion medicine within each of their MTFs.

d. USEUCOM JBPO:

(1) Serve as overall manager for blood and blood components within USEUCOM. Manage and coordinate the total joint blood product requirements and capabilities within the theater. Advise USCINCEUR on all matters pertaining to theater blood management activities.

(2) Conduct deliberate planning for USCINCEUR Operational Plans (OPLANS) and Contingency Plans (CONPLANS). Provide the joint blood concept and prepare Appendix 2 to Annex Q.

(3) Manage the wartime theater blood distribution system.

(4) Provide managerial and technical oversight of all blood activities within the USEUCOM AOR. Monitor component blood programs, through evaluation/review of annual SAVs/audits performed by the respective CBPOs, ensuring compliance with FDA regulations, Armed Services Blood Program Office (ASBPO) policies and letters, and American Association of Blood Bank (AABB) Standards in peacetime and during contingency operations.

(5) Maintain direct liaison with ASBPO and other U.S. Federal, North Atlantic Treaty Organization (NATO), United Nations (UN) and Non-Governmental Organizations (NGO), as required.

(6) Coordinate component Lookback Programs with the ASBPO and Service Blood Program Officers (SBPO) IAW reference 10. Communicate lookback information that involves Host Nation blood establishments through USEUCOM or State Department channels.

(7) Conduct and chair the semiannual USEUCOM Blood Coordinating Committee (UBCC) meetings to review and coordinate blood program policies and procedures common to all components in USEUCOM Theater of operation.

(8) Coordinate with NATO members and other nations when supporting combined / NATO operations, contingencies, exercises or deployments.

e. Assigned AJBPOs:

(1) The AJBPO II will serve as Deputy JBPO and function as JBPO in the absence of the USEUCOM JBPO.

(2) During peacetime, maintain readiness of blood distribution units within its assigned geographic area, for contingency or activation by the USEUCOM JBPO. Coordinate with the CBPO to exercise blood product distribution systems, within their AOR, at least annually. Generate After-Action Report and forward copy to JBPO.

(3) When activated, monitor compliance with ASBPO policies and letters in its AOR.

(4) When activated, coordinate component blood programs within its AOR.

(5) When activated, manage the theater contingency blood distribution system within its AOR.

(6) When activated, coordinate tri-Service blood product requirements and capabilities in its AOR.

(7) When activated, submit reports in Appendix E when blood or blood products are moved under the cognizance of the AJBPO.

(8) When activated, maintain MTF blood product inventory reports, submitted by each MTF within the AOR.

(9) Provide AJBPO Activity Report at each UBCC meeting. Report should include exercises and training, quality improvements and other issues that may benefit all blood activities within USEUCOM. Coordinate reports with CBPOs.

f. CBPOs:

(1) The USEUCOM JBPO will also function as the USAREUR CBPO.

(2) Manage respective component blood programs, including service specific blood program operational elements, when these elements are not activated as part of a contingency.

(3) Ensure the appropriate collection, manufacture and distribution of blood products during peacetime IAW references 7 and 8, service regulations, instruction and directives.

(4) Maintain direct liaison with respective Service Blood Program Office (SBPO).

(5) Support the SBPO and JBPO by conducting annual SAVs/audits of all respective component blood program facilities, to ensure that FDA licensure at each permanent blood donor center and FDA registration at each MTF transfusion service are maintained.

(6) Coordinate with other CBPOs and JBPO in order to maximize usage of collected blood products and minimize wastage through creative resource sharing and distribution using all three component's transportation assets.

(7) Provide the USEUCOM JBPO a quarterly consolidated component Armed Services Blood Program Blood Bank Operational Report (BBOR), DD Form 2555, no later than 30 days after the end of each quarter.

(8) Support the SBPO and JBPO to ensure that Lookback Programs are in place at all MTFs and that Transfusion Services and Blood Donor Centers meet the requirements listed in reference 10.

g. Naval Ships in the Mediterranean will:

(1) Conduct shipboard blood management IAW OPNAV INST 6530.4A, enclosure 7, which pertains specifically to Type Commanders and Commanding Officers Afloat.

(2) Maintain direct liaison with Navy CBPO.

8. **Policies and Procedures.**

a. USCINCEUR designates the Commander, USAREUR to operate a theater joint blood program based upon policies established by the Department of Defense (DoD) and the Office of the Joint Chiefs of Staff (OJCS), reference 1.

b. The USEUCOM Joint Blood Program Office (JBPO) is a joint service agency and will be manned by qualified personnel fully familiar with the Services' blood regulations, requirements, and capabilities.

c. USEUCOM JBPO will operate the Joint Blood Program (JBP) as directed by Commander, USAREUR as the single management authority for Class VIIIb in theater operations and in accordance with OPLAN or CONPLAN executed.

d. Upon direction of Chairman, Joint Chiefs of Staff (CJCS), USCINCEUR and IAW OPLANS/CONPLANS, the JBPO will honor requests, within its capability, for blood products from supported CINCs. Requests beyond the JBPO capabilities will be forwarded to the DoD Armed Services Blood Program Office (ASBPO).

e. The JBPO will provide an integrated system for the collection, storage and distribution of theater blood and blood components during peacetime and contingency operations.

f. During operations, the JBPO will establish reporting periods for blood reports (BLDREP). Deployed MTFs will submit BLDREPs to the supporting BSU with an information copy to the AJBPO. Each AJBPO will submit combined BLDREPs to the JBPO. The JBPO, in turn, will submit BLDREPs for the theater to the ASBPO. Every blood shipment will require preparation and transmission of the blood shipment report (BLDSHPREP). All reports use standard terminology and United States Message Text Format (USMTF) report formats established by the ASBPO. Refer to Appendix E.

g. During wartime, theater blood support is provided to US military facilities and, as directed by USCINCEUR, allied and coalition military and indigenous civilian medical facilities.

h. During operations, deployed MTFs will maintain an amount of blood products on hand necessary to meet requirements, yet minimize waste due to out-dating. Deployed MTFs may collect blood in emergency situations only. This practice is not encouraged since the MTF does not have the capacity to perform serological testing of these units for infectious diseases, such as HIV and Hepatitis. Therefore, serum samples and Blood Donation Record (SF572) must be kept of all emergency donations for retrospective testing purposes and the JBPO contacted for shipping and testing instructions. In addition, the attending physician must certify, in writing, that the use of blood not fully tested is required to sustain the life of the patient. Pre-transfusion blood specimens (or samples collected as soon as possible post transfusion) should be collected and submitted for testing to determine base-line serological studies of the patient. These patients must also be retested at 3 months, 6 months, and 1-year post transfusion.

i. The USEUCOM JBPO may appoint an AJBPO for a specific Joint Task Force (JTF), depending upon the size of the operation and projected blood product requirements developed by the Joint Operational Planning and Execute System (JOPES).

j. All blood collections by components will be limited to military or government installations. Accordingly, blood will only be collected from US military forces personnel and their dependents and, when appropriate, DoD civilian personnel and any civilians authorized U.S. military medical treatment.

k. All blood products from non-FDA licensed facilities should be avoided unless (1) a comprehensive comparative study has been coordinated by the ASBPO and approved by the Assistant Secretary of Defense for Health Affairs (ASD(HA)) which shows that the specific blood supply has been deemed to have equivalent or higher standards than that of the FDA or (2) during emergencies. The attending physician or blood bank Medical Director, in the latter case, must certify, in writing, that the use of blood not fully tested to FDA standards is required to sustain the life of the patient. Pre-transfusion blood specimens (or samples

collected as soon as possible post transfusion) should be collected and submitted for testing to determine base-line serological studies of the patient. These patients must also be retested at 3 months, 6 months, and 1-year post transfusion.

l. All blood records will be maintained, in an orderly system, to include all shipping documents, inventory / disposition reports and transfusion reports. Upon redeployment, all blood records will be boxed and shipped to CDR, LRMC, ATTN: Joint Blood Program Officer, CMR 402, APO AE 09180.

m. Blood Support to Rh Patients (reference 12, appendix A). Refer to Appendix G.

FOR THE COMMANDER IN CHIEF

OFFICIAL:

DANIEL J. PETROSKY
Lieutenant General, USA
Chief of Staff

RICKEY K. WILLIAMS
LTC, USA
Adjutant General

DISTRIBUTION:

P

Appendixes:

- A - References
- B - Armed Service Blood Program Definitions
- C - USEUCOM Joint Blood Program Organization
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- H - Blood Inventory Tracking Reports
- I - Blood Transfusion Practices by Level

APPENDIX A

REFERENCES

1. DoD Directive 6480.4, Armed Services Blood Program (ASBP) Operational Procedures, 5 August 96. (U)
2. Joint Pub 4-02, Doctrine for Health Service Support in Joint Operations, 26 April 95. (U)
3. Joint Pub 4-02.1, Joint Tactics, Techniques, and Procedures for Health Service Logistics Support in Joint Operations, Chapter VI, Blood Management, 6 October 97. (U)
4. DoD 5136.1-P, Medical Readiness Strategic Plan (MSRP) 1998-2004, August 98. (U)
5. Technical Manual, Armed Services Blood Program, Joint Blood Program Handbook; Army TM 8-227-12, Navy NAVMED P-6530, Air Force AFH 44-152, Current Edition. (U)
6. Operational Procedures for the Armed Services Blood Program Elements; Army TM 8-227-11, Navy NAVMED P-5123, Air Force AFI 44-118, 1 September 95. (U)
7. Code of Federal Regulation Title 21 Food and Drugs, Parts 200-299, 600-799 and 800-899, Current Edition. (U)
8. Standards for Blood Banks and Transfusion Services, American Association of Blood Banks, Army FM 8-70, Navy NAVMED P-5120, Air Force AFMAN 41-111, Current Edition. (U)
9. STANAG No. 2939, Medical Requirements for Blood, Blood Donors, and Associated Equipment, 4 Nov 94. (U)
10. ASBPO Memorandum, Subject: Armed Services Blood Program Guidelines for Infectious Disease Screening, Testing, Labeling and Lookback of Allogeneic Blood Donations, 9 October 98. (U)
11. ASD(HA) Memorandum, 4 Dec 2001, Subject: Policy on the Use of Non DoD, Non US Food and Drug Administration Licensed Blood Products. (U)
12. ASD(HA) Memorandum, 21 April 95, Subject: Policy for the Use of ID Tags and ID Cards for Emergency Transfusion at the Second Echelon of Medical Care and the Validation of those Parameters. (U)
13. OPNAV INST 6530.4A, Department of the Navy Blood Program, 14 October 94. (U)

APPENDIX B

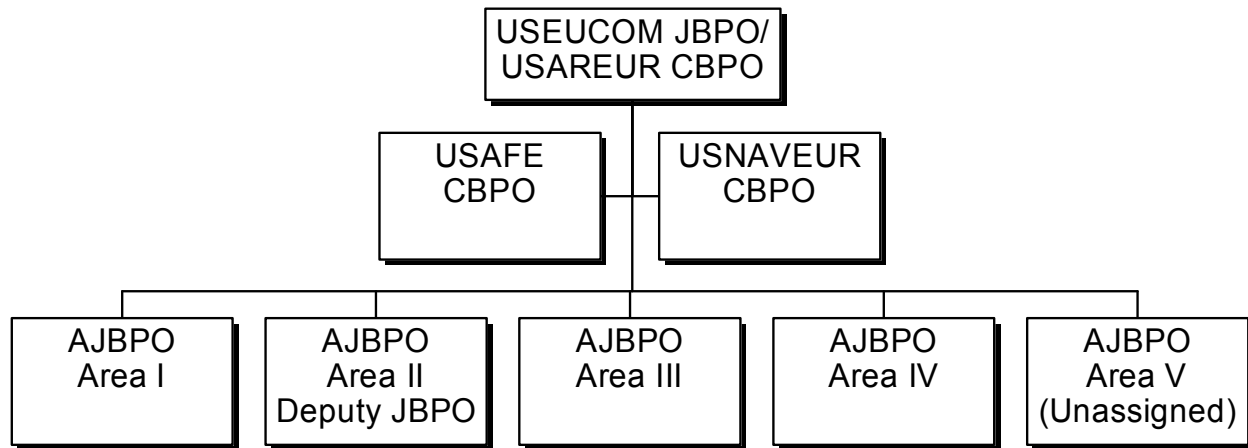
ARMED SERVICES BLOOD PROGRAM DEFINITIONS

1. American Association of Blood Banks (AABB). A civilian blood bank accrediting agency which establishes blood bank policy and standardizes blood bank procedures.
2. Area Joint Blood Program Office (AJBPO). A tri-Service-staffed office responsible for joint blood product management in an assigned geographic area within a Unified command. Each area includes at least one BTC/TBTC and any number of BSUs and MTFs
3. Armed Services Blood Program (ASBP). The combined military blood programs of the individual Services and the Unified Commands in an integrated blood product support system for peacetime, contingency and war.
4. Armed Services Blood Program Office (ASBPO). A tri-Service-staffed, joint field operating agency, with the Army as the DoD Executive Agent, responsible for coordination of the Armed Services Blood Program. This includes ensuring implementation of blood program policies established by the Assistant Secretary of Defense for Health Affairs (ASD(HA)). It also includes standardization of policies, procedures and equipment. Overall DoD manager for blood and blood products (Class VIIIB), on behalf of the Joint Staff during military contingencies and, when directed by appropriate national command authorities for civilian relief efforts.
5. Armed Service Whole Blood Processing Laboratory (ASWBPL). A tri-Service-staffed organization, with the Air Force as the DoD Executive Agent, responsible for central receipt and confirmation of blood products from CONUS BDCs, and shipment of those products to designated Unified Command BTCs/TBTCs.
6. Blood Donor Center (BDC). Component staffed; responsible for collection and manufacturing of blood products. May be collocated with MTF blood bank. In a unified command, a BDC may serve as a BSU. A BDC must meet the regulatory requirements for shipping blood (i.e. FDA license).
7. Blood Product Depot (BPD). Component staffed; responsible for strategic storage of frozen blood products in a unified command. Frozen blood products are provided to each unified command component based on JBPO instructions.
8. Blood Supply Unit (BSU). A component-staffed unit responsible for the receipt and storage of blood products, liquid and/or frozen, from BTCs/TBTCs, or BPDs, and the issue of those products to MTFs in an assigned geographic area as directed by an AJBPO. A "BSU" may be any type unit or facility designated by component.

9. Blood Transshipment Center (BTC). A USAF-staffed unit responsible for receiving blood products from an ASWBPL, BPD or another BTC/TBTC, re-icing and/or storing those products, and issuing the products to BSUs or MTFs in accordance with direction from the AJBPO.
10. Component Blood Program Office (CBPO). A Component-staffed office responsible for peacetime coordination and management of a component's blood program within a unified command.
11. Food and Drug Administration (FDA). The Division of Blood and Blood Products in the Center for Biologics Evaluation and Research (CBER) of the FDA that establishes blood banking regulations and requirements for use by blood banks complying with those standards, and each Service Surgeon General holds a license for the respective service's BDC.
12. Joint Blood Program Office (JBPO). A tri-Service-staffed office responsible for overall joint blood product management in a Unified Command theater of operations.
13. Medical Treatment Facility (MTF). Any element or unit in which patients are treated, including Naval vessels.
14. Service Blood Program Office (SBPO). A Service-staffed office responsible for coordination and management of that service's blood program.
15. Transportable Blood Transshipment Center (TBTC). A BTC which can be transported to other theater locations as required. TBTCs can also be deployed to bare locations or locations with minimal infrastructure.

APPENDIX C

USEUCOM JOINT BLOOD PROGRAM ORGANIZATION



1. The USEUCOM JBPO/USAREUR CBPO is appointed by the USAREUR Command Surgeon.
2. Component Blood Program Officers (CBPO) are appointed by the respective component commands: USAFE and USNAVEUR. Copies of appointment letters must be sent to the USEUCOM JBPO by 15 January each year or upon replacement of incumbent.
3. Area Joint Blood Program Offices (AJBPO) geographic areas of responsibility are:
 - a. **Area I:** United Kingdom, Norway, Sweden, Denmark, Greenland, Iceland and ships afloat North of 48° Latitude and East of 30° Longitude.
 - b. **Area II:** Germany, Belgium, Netherlands, Luxembourg, Eastern Europe and Russia as required.
 - c. **Area III:** Sicily, Italy, Spain, Portugal, Azores, ships afloat South of 48° Latitude, East of 30° Longitude and West of 19° Longitude in the Mediterranean Sea and other Southern Areas as required.
 - d. **Area IV:** Crete, Greece, Turkey, Commonwealth of Independent States (CIS), as required, and ships afloat East of 19° Longitude in the Mediterranean Sea and other Southern Areas as required.
 - e. **Area V:** The continent of Africa, less CENTCOM's AOR (Egypt, Sudan, Eritrea, Djibouti, Ethiopia, Somalia and Kenya). Currently unassigned.

4. AJBPO I and IV will be appointed by, HQ USAFE, AJBPO II will be appointed by HQ USAREUR and AJBPO III will be appointed by HQ USNAVEUR . Copies of Appointment Letters will be sent to the JBPO by 15 January of each year. The USEUCOM JBPO will manage Area V.
5. The location and PLAD addresses of each CBPO and AJBPO may vary depending on the supported OPLAN.
6. USEUCOM Blood Product Depot (BPD) is located at Sigonella, Sicily, IT
7. USEUCOM Blood Transshipment Centers (BTC) are located at:
 - a. RAF Lakenheath, UK, 48th TFW Hospital/SGL (Area I)
Team location: RAF Lakenheath
 - b. Ramstein AB, GE, 86th Medical Group/SGL (Area II)
Team location: Ramstein AB
 - c. Aviano AB, IT, 31st Medical Squadron (Area III)
Team location: Aviano AB
 - d. Incirlik AB, TU, 39th Medical Group (Area IV)
Team location: Incirlik AB
 - e. Spangdahlem AB, GE, 52nd Medical Group (Area II)
Team location: Spangdahlem AB
8. USEUCOM Transportable Blood Transshipment Centers (TBTC) are located at:
 - a. Ramstein AB, GE, 86th Medical Group/SGL
Team location: Offutt AFB, Nebraska
 - b. Aviano AB, IT, 31st Medical Squadron
Team location: McDill AB, Florida
9. USEUCOM Blood Supply Unit is located at Miesau, GE, 226th Medical Battalion (Logistics Forward).
10. USEUCOM Blood Donor Centers are located at:
 - a. Landstuhl, GE, USAREUR Blood Donor Center
 - b. RAF Lakenheath, UK

APPENDIX D**ADDRESSES FOR USEUCOM JOINT BLOOD PROGRAM**

USEUCOM Joint Blood Program Office/USAREUR Component Blood Program Officer

Office DSN 430-5909/486-6579

STU-III DSN 430-5909

COMM 49-(0)711-680-5909/49-(0)6371-86-6579

PLA **HQ USEUCOM VAIHINGEN GE//ECJ4-MR/JBPO//
CDR USAREUR HEIDELBERG GE//AEAMD/CBPO//**

USAFE Component Blood Program Office

Office DSN 480-7303/4742

STU-III DSN 480-4821/4827

COMM 49-(0)6371-47-7303/4742

PLA **HQ USAFE RAMSTEIN AB GE//SG/SGX//**

USNAVEUR Component Blood Program Office

Office DSN 625-3705/4184

STU-III Will return call

COMM 39-081-724-3705/4184

PLA **NAVHOSP NAPLES IT//0551/CBPO//
CINCUSNAVEUR LONDON UK//022/0223//**

AJBPO-I Office DSN 226-8442/8443

STU-III DSN 226-6529

COMM 44-1638-52-8442/8443

PLA **48TH MG RAF LAKENHEATH UK//SG/SGHL/AJBPO-I//**

AJBPO-II Office DSN 486-6579/7107

STU-III Will return call

COMM 49-(0)6371-86-6579/7107

PLA **CDR LRMC LANDSTUHL GE//AJBPO-II//**

AJBPO-III Office DSN 624-4731/4670

STU-III DSN 624-4731

COMM 39-95-56-4731/4670

PLA **NAVHOSP SIGONELLA IT//051/AJBPO-III//
CINCUSNAVEUR LONDON UK//0223//**

AJBPO-IV Office DSN 676-8669/8673

STU-III DSN 676-3308

COMM 90-322-316-8669

PLA **39TH MG INCIRLIK AB TU//SG/SGHL/AJBPO-IV//**

APPENDIX E

USMTF MESSAGE FORMAT

Blood Report (BLDREP)

DEFINITIONS:

PRIORITY: Determined by JBPO/AJBPO

FM: Input sending location (your) Plain Language Address (PLAD)

TO: Input receiving location (BSU, AJBPO), Routing Indicator (RI), if available, and PLAD

INFO: Input information addressee RI and/or PLAD

CLASSIFICATION: Determined by JBPO/AJBPO

OPER: Input operation name

MSGID: Input report type and reporting unit name and ID code

ASOFTG: Date-time (Zulu) of message

REPUNIT: Name, designator code, and activity brevity code of unit

BLDINVT: Total of each product on hand by amount and product code

BLDREQ: Total number of each product requested (amount/code)

BLDEXP: Total number of each product expiring in the next 7 days

BLDEST: Estimate total number of each product required for resupply in the next 7 days by amount and product code

CLOSTEXT: Additional comments, remarks, or information

DECL: Message downgrading instructions; mandatory if message is classified

Example of a completed BLDREP

PRIORITY ***UNCLASSIFIED***

FM CINCUSACOM NORFOLK VA//JO2M//

TO RUEAUSA/ASBPO WASHINGTON DC

INFO RUEOLIA/ASWBPL MCGUIRE AFB NJ

RULYGB/RHEVAZZ/CJTF ONE EIGHT ZERO//J4/SURG MAIN/FT BRAGG//

UNCLAS

OPER/UPHOLD DEMOCRACY//

MSGID/BLDREP/CJTF-180 JBPO/BLD/OCT/A//

ASOFTG/150001OCT94//

REPUNIT/32NDMED BN (LOG) BLDPLT/G/CAMP DEMOCRACY HAITI//

BLDINVT/32NDMED BN (LOG) BLDPLT/G/115JS/31JT/3JU//

BLDREQ/30JQ//

BLDEXP/32NDMED BN (LOG) BLDPLT/G/49JS/24JT//

BLDEST/32NDMED BN (LOG) BLDPLT/G/45JS//

CLOSTEXT/REQUEST 30JQ FOR DELIVERY ON 20OCT AND 2NOV. CHANGE
STANDING ORDER TO 45JQ FOR DELIVERY ON 14TH OF EACH MONTH//

UNCLASSIFIED

Blood Shipment Report (BLDSHIPREP)

DEFINITIONS:

PRIORITY: Determined by JBPO/AJBPO

FM: Input sending location (your) Plain Language Address (PLAD)

TO: Input receiving location (BSU, AJBPO), Routing Indicator (RI), if available, and PLAD

INFO: Input information addressee RI and/or PLAD

CLASSIFICATION: Determined by JBPO/AJBPO

OPER: Input operation name

SUBJ: BLDSHIPREP

MSGID: Input report type and reporting unit name and ID code

ASOFTG: Date-time (Zulu) of message

REPUNIT: Name, designator code, and activity brevity code of unit

ISHIPD: Blood product/number by blood type/and total number shipped

BLDSHP: Airbill or Transit Control Number (TCN #)/aircraft or flight #/estimated time of arrival (date and time)

CLOSTEXT: Additional comments, remarks, or information

DECL: Message downgrading instructions; mandatory if message is classified

Example of a completed BLDSHIPREP

PRIORITY ***UNCLASSIFIED***

O1 02 011813Z NOV 94 RR RR UUUU

FM ASWBPL MCGUIRE AFB NJ//

TO RUERHNA/CDR 44TH MED BDE/28TH CSH//

INFO ASBPO WASHINGTON DC//

CINCUSACOM NORFOLK VA//J02M//

UNCLAS

OPER/UPHOLD DEMOCRACY//

SUBJ/BLOOD SHIPMENT TO CAMP DEMOCRACY, HAITI/PASS TO 28TH CSH//

MSGID/BLDSHIPREP/ASWBPL//

ASOFTG/312100ZOCT94//

REPUNIT/P3//

ISHIPD

/BP/OPOS/ONEG/APOS/ANEG/BPOS/BNEG/ABPOS/ABNEG/TOTCTBP//

/J/ 22/ 5/ 10/ 3/ 3/ 2/ 0/ 0/ 45//

BLDSHP/TON FM4484 4304 9901 XXX/AMC AQZ04P100306/021830ZNOV94/1//

POC/GROSHEL/MAJ/ASWBPL/PRIPHN DSN440-3373/2442//

CLOSTEXT / ICED 311700ZOCT94 / SHIPPED TO CHARLESTON AFB VIA FEDEX ON 31OCT1994 / FROM CHARLESTON AFB TO PORT-AU-PRINCE, CARRIED BY AMC

MISSION# AQZ04P100 ON 306 DAY//

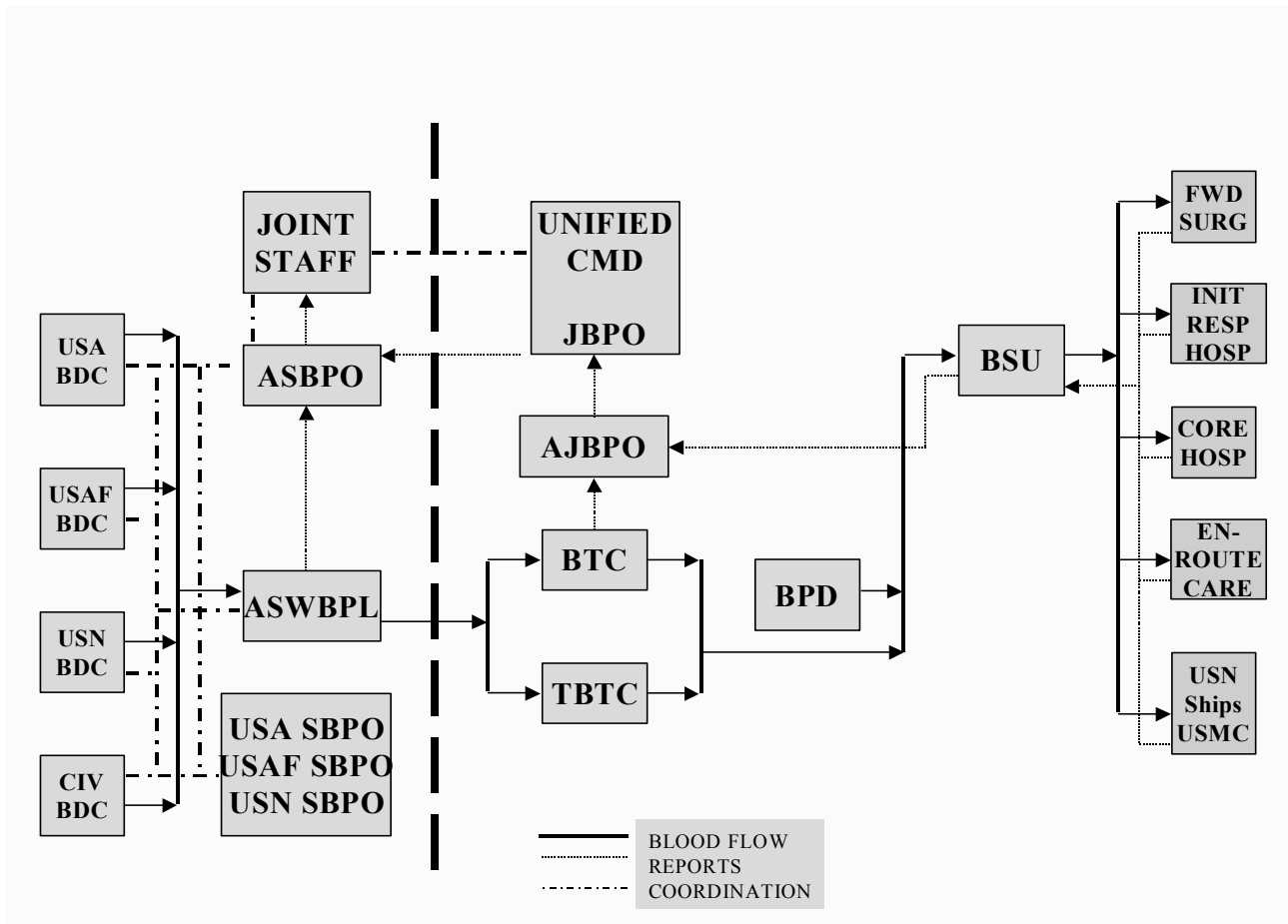
UNCLASSIFIED

BLDREP/BLDSHIPREP Message Codes

<u>Category</u>	<u>Code Definitions</u>	
MANAGEMENT	A = JBPO	B = AJBPO
FACILITIES	C = ASWBP	D = BDC
	E = BPD	F = BTC
	G = BSU	H = MTF
	I = Navy Vessel	
PRODUCTS	J = RCZ-RED BLOOD CELLS	K = WBZ-WHOLE BLOOD
	L = RCF-FROZEN RED CELLS	M = PFF-FRESH FROZEN
	N = PC-PLATELETS	PLASMA
BLOOD GROUPS	Q = RANDOM GRP/TYPE O,A,B	R = RANDOM GRP/TYP O,A
	S = RANDOM TYPE O	T = RANDOM TYPE A
	U = RANDOM TYPE B	V = RANDOM TYPE AB
TIME FRAME	W = REQUIRED WITHIN 12 HRS	X = REQUIRED WITHIN 24 HRS
	Y = REQUIRED WITHIN 48 HRS	
MISCELLANEOUS	Z = NOT APPLICABLE OR SEE	
	REMARKS	

APPENDIX F

BLOOD DISTRIBUTION SYSTEM



APPENDIX G

BLOOD SUPPORT TO RH NEGATIVE PATIENTS

1. Medical implications:

a. FEMALES: Transfusing Rh positive red blood cells to Rh negative females at Level II medical care, where blood grouping and typing capabilities are not available, may result in future complications if the female is of child-bearing age. If a female develops an anti-D antibody and a future fetus is Rh positive, hemolytic disease of the newborn may result. Thus, it is paramount to reduce the transfusion of Rh positive blood to Rh negative females of child-bearing age.

b. MALES: Although the impact of sensitization on males and the health care system is not as great, the proposed changes for transfusion at the Level II medical care will help to reduce the sensitization to Rh negative males.

2. Procedures:

a. Rh negative red blood cells are to be provided to Rh negative females and males at the Level II medical care.

b. ID tags and cards will be used at the Level II medical care to determine the patient's Rh factor only.

c. If there is a shortage of group O, Rh negative red blood cells at the Level II medical care, priority of the Rh negative blood for transfusions will be given to the Rh negative females.

d. In extreme cases where there may not be enough Rh negative blood to meet all the needs of the female patients, the use of Rh positive blood becomes an **EMERGENCY REQUIREMENT** in saving a patient's life.

e. In those cases where a female patient does not have an ID tag/card and a transfusion at the Level II medical care is required, Rh negative blood will be given.

f. The medical officer in charge of a Level II MTF should have written procedures for using the ID tag/card in providing Rh negative males with Rh negative blood.

g. Level III MTFs and higher have the capacity to group, type and crossmatch blood with group and Rh type specific red blood cells and are not authorized to use ID tags and cards, except in emergencies.

APPENDIX H

BLOOD INVENTORY TRACKING OPERATION REPORTS

1. REPORT FORMAT:

a. The following DISPOSITION and TRANSFUSION reports are in a format that will allow tracking of blood products and provide the required information to the JBPO/AJBPO. If Theater Defense Blood Standard System (TDBSS) is in use, reports will be produced automatically; however, the following formats (figure G-1 and G-2) should be used for manual documentation and tracking at all times, as a backup reporting system to TDBSS.

b. Frequency of submission will be determined by the JBPO. At the least, the disposition of transfused units must be submitted to the JBPO upon redeployment of the MTF.

2. DISPOSITION REPORT:

- a. **Facility name:** Document the name of your unit/MTF at the top of the report form
- b. **Unit Number:** Input the number of the blood unit being dispositioned.
- c. **Expiration date:** Input expiration date of blood unit being dispositioned.
- d. **Product ABO/Rh:** Input ABO/Rh of unit being dispositioned.
- e. **Product type:** Input product type (i.e. RBC, FFP) of blood unit being transfused.
- f. **Shipping facility:** Input the name of the facility (ASWBPL, BTC, BSU) which supplied the unit.
- g. **Date received:** Input the date you received the unit.
- h. **Disposition date:** Input the date blood was dispositioned (destroyed, shipped, transfused).
- i. **Reason/Method:** Enter the reason for disposition and if destroyed, method of destruction.
- j. **Location:** Indicate the location where, the blood was dispositioned (MTF, AFLOAT).
- k. **Report to JBPO:** JBPO will indicate the date the report is received.

3. TRANSFUSION REPORT:

- a. **Unit number:** Input the number of blood unit transfused.
- b. **Expiration date:** Input the expiration date of the blood unit transfused.
- c. **Product ABO/Rh:** Input ABO/Rh of unit transfused.
- d. **Product type:** Input the product type (i.e. RBC, FFP) of the unit transfused.
- e. **Date transfused:** Indicate date of blood transfusion.
- f. **Patient's name:** Input the name of patient transfused.
- g. **Patients FMP/SSN:** Input the FMP/SSN of patient transfused.
- h. **Nationality:** Indicate patient's nationality, (British, Russian), if known.
- i. **Patient's ABO/Rh:** Input the patient's ABO/Rh.
- j. **Sex:** Input the patient's sex (M/F).
- k. **Reason:** Indicate the reason for transfusion (i.e. gunshot wound).

DISPOSITION REPORT

(Name of Unit/MTF)

UNIT NO.	EXP. DATE	PROD. ABO/Rh	PROD TYPE	SHIPPING FACILITY	DATE RECEIVED	DISPOSITION DATE	REASON/METHOD	LOCATION	REPORTED TO JBPO
4016003	981006	O POS	RBC	ASWBPL	980923	981004	SHIPPED	LRMC	981010
2237398	981006	O POS	FFP	ASWBPL	980923	981004	TRANSFUSE	BOSNIA	981010
2237398	981006	O NEG	RBC	ASWBPL	980922	981008	DESTROY INCENER.	BOSNIA	981010

Notes:

Figure H-1. Format for Blood Disposition Report

TRANSFUSION REPORT

(Name of Unit/MTF)

UNIT NO.	EXP. DATE	PROD. ABO/Rh	PROD TYPE	DATE TRANSFUSED	PATIENT NAME	PATIENT'S FMP/SSN	PATIENT'S NATIONALITY	PATIENT'S ABO/RH	SEX	Reason
4016003	981006	O POS	RBC	98105	TANI, D.	20/837-00-9876	USA	O POS	M	GSW abd
2237398	981006	O POS	FFP	981016	TANI, D.	20/837-00-9876	USA	O POS	M	Laceration
2237398	981006	O NEG	RBC	981022	SMITH, K.	20/767-98-5362	BRITISH	A NEG	F	GSW

Notes:

Figure H-2. Format for Transfusion Report

APPENDIX I**BLOOD TRANSFUSION PRACTICES BY LEVEL**

LEVEL	BLOOD PRODUCT	ABO/Rh GROUP	TRANS-FUSION SERVICE	STORAGE CAPACITY	BLOOD RESUPPLY
I	NONE	—	—	—	—
II	RBCs	O Rh + -	ABO GROUP DONOR'S RBCS	50 UNITS PER MED FLD REFRIG.	III BSU
III D304 (1)	RBCs	O,A,B Rh + -	ABO / Rh	480 UNITS LIQUID	III BSU
			MAJOR CROSS- MATCH (IS)		
III D404 (2)	RBCs	O,A,B Rh + -	SAME AS D304	475 UNITS FROZEN, 480 UNITS LIQUID	III BSU
	FRESH FROZEN PLASMA (FFP)	A,B,AB	NONE	20 UNITS	III BSU
	PLATELET CONC. (AS NEEDED)	O,A Rh + -	NONE	5 UNITS	III BSU
IV	SAME AS D404	SAME AS D404	SAME AS D404	SAME AS D404	IV BSU

NOTE: (1) D304 is a liquid-only DEPMEDS module
(2) D404 is a hybrid liquid-frozen DEPMEDS module